

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032211
STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2576

FILED SEP 20 1962

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis County</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u> c. CITY OR TOWN <u>Pacific</u> d. STREET ADDRESS (If outside, give location) <u>414 South First St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Tommy</u> Middle <u>Ray</u> Last <u>Simpson</u> | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>4</u> Year <u>1962</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/10/1928</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Const.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Const. Worker</u> | 11. BIRTHPLACE (City and state or country) <u>Cross Timbers, Mo.</u> |
| 13a. FATHER'S NAME <u>William Andrew Simpson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ina Bell; (nee); Ray</u> | 14. NAME OF HUSBAND OR WIFE <u>Ellen Maxine Simpson</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>4</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple traumatic injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Lost control of vehicle which left road-way and crashed into dirt embankment</u> | |
| 20c. TIME OF INJURY Hour <u>10:15</u> Month, Day, Year <u>9/4/62</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public road</u> | | 20f. CITY, TOWN, OR LOCATION <u>St. Louis Missouri</u> | |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>DOA 11:21 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Raymond L. [Signature]</u> (Degree or title) <u>Coroner</u> | | 22b. ADDRESS <u>Clayton, Missouri</u> | 22c. DATE SIGNED <u>9/7/62</u> |
| 22d. BURIAL, CREMATION, REMOVAL (Specify) | 22e. DATE <u>9/8/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH CEM.</u> | 23d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO.</u> |
| 24. FUNERAL DIRECTOR <u>STAMEY UND.</u> ADDRESS <u>ST. JOSEPH, MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>9/5/62</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

